



## **JOB DESCRIPTION: SURGICAL ASSISTANT**

**Approved by BOD: March 29, 2018**

The *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting* have been approved by the American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC/STSA), Subcommittee on Accreditation for Surgical Assisting (SASA), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical assisting:

As defined by the American College of Surgeons (ACS),

*“The first assistant in a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and other technical functions. Surgical Assistants (SAs) should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently. Formal application for appointment to a hospital as a SA should include the following qualifications and credentials:*

- 1. Specification of which surgeon the applicant will assist and of the duties that will be performed.*
- 2. Indication of which surgeon will be responsible for the supervision and performance of the Surgical Assistant (SA).*
- 3. Review and approval of the application by the hospital board.*
- 4. Surgeons are encouraged to participate in the training of allied health personnel. Such individuals perform their duties under the supervision of the surgeon.”*

The US Bureau of Labor Statistics job classification for surgical assistant was reviewed and approved with the standard occupational classification number of 29-9093 effective January 2018.

*“Assist in operations, under the supervision of surgeons. May, in accordance with State laws, help surgeons to make incisions and close surgical sites, manipulate or remove tissues, implant surgical devices or drains, suction the surgical site, place catheters, clamp or cauterize vessels or tissue, and apply dressings to surgical site. Excludes “Registered Nurses” (29-1141) and “Surgical Technologists” (29-2055).”*

In addition, perioperative duties that may be performed by the surgical assistant who has received the appropriate training as outlined by the Core Curriculum for Surgical Assisting, 3<sup>rd</sup> Edition (2014), may include duties such as assisting with intraoperative positioning, injection of local anesthesia (i.e. ASA Local Anesthesia Guidelines), insertion of trocars (i.e. ASA Trocar Guidelines), preparation of grafts, use of appropriate suturing or stapling devices, securing drains, application of casts, facilitating patient rounds, changing dressings, and other duties as approved and assigned by the supervising

surgeon and local facility.

Facilities that employ surgical assistants, should identify the specific surgical assistant job description and/or credentialing process ensuring that the hospital medical staff has reviewed and approved such document. In addition, the facility should ensure that the individual has acquired and maintains the appropriate training (i.e. continuing education) and credentialing as outlined by national standards. If employed by the facility, the size of the operating room team should not be reduced; the facility policy with local surgeon input should identify procedures or situations in which the Surgical Assistant should not simultaneously function in the scrub role when serving as the first assistant. Examples may include procedures such as arthroplasty, open heart, laminectomy, etc.

### **Education**

Surgical assistants who complete their examination through the NBSTSA graduate from surgical assisting programs accredited through ARC/STSA, a collaborative effort of ASA, ACS, and SASA, by CAAHEP. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs are located in educational institutions that are institutionally accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or a state agency acceptable to CAAHEP and the ARC/STSA. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

New practitioners wishing to obtain the Certified Surgical Assistant (CSA) credential from the National Commission for the Certification of Surgical Assistants (NCCSA) may need to complete alternate or additional requirements and should contact that agency to verify if their school/program has been accredited.

### **Credentials**

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Currently, initial certification as a Certified Surgical First Assistant (CSFA) is based upon graduation from a CAAHEP-accredited school of surgical assisting followed by satisfactory performance on the national Certified Surgical First Assistant examination. CSFAs maintain their certification by earning approved continuing education or by successfully retaking the certifying examination at the conclusion of the renewal period. Any other circumstances or previously accepted pathway to an accredited certification such as on-the-job training who continued to maintained their accredited credential remain in good standing.

New practitioners wishing to obtain the Certified Surgical Assistant (CSA) credential from the National Commission for the Certification of Surgical Assistants (NCCSA) may need to complete alternate or additional requirements and should contact the agency to verify if their school/program has been accredited.

The NBSTSA's certification program is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation division of the Institute for Credentialing Excellence (ICE) and is in compliance with NCCA's *Standards for the*

*Accreditation of Certification Programs.* NCCA standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. ICE is accredited by the American National Standards Institute (ANSI) as a Standards Developer. ICE's accrediting body, the NCCA, evaluates certification organizations for compliance with the NCCA Standards for the Accreditation of Certification Programs. NCCA's Standards exceed the requirements set forth by the American Psychological Association and the U.S. Equal Employment Opportunity Commission.

### **Professional Organizations**

The Association of Surgical Assistants professional organization represents the interests of over 5,000 surgical assistants. ASA works cooperatively with other organizations in the surgical assistant community to promote legislation and other endeavors that foster the growth of this developing profession.

The primary purpose of ASA is to ensure that surgical assistants have the knowledge and skills set to provide optimal patient care and offer continuing education. The current Core Curriculum for Surgical Assisting, 3rd Edition, (2014) provides guidance to all CAAHEP accredited schools. ASA collaborates with ARC/STSA and NBSTSA to set standards for education and certification and represents the profession at the state and national levels.

### **Role of the Surgical Assistant**

The role of the surgical assistant is vital to the operating room and any surgical case within the operating suite. The surgical assistant provides immediate support to the surgeon and should act as a vital resource to the staff of the Operating Room suite. The surgical assistant should be knowledgeable, well rounded, helpful, and supportive of a team like attitude. The surgical assistant is a necessary source of knowledge and skills. This role is further defined as follows;

1. General Surgical Assistant Skills:
  - A. Demonstrate the ability to communicate the surgeon's preferences and specific patient's needs to surgical team including but not limited to suture needs, specialty supplies and instrumentation, and equipment.
    - (1) Verifies all implants, supplies and special procedure equipment is available and functional. (i.e. microscope, tourniquet, etc.)
    - (2) Facilitates a cooperative team atmosphere through professional communication.
    - (3) Listens actively to surgeon, patient and team to ensure safe patient-centered care.
    - (4) Maintains awareness of patient monitoring and responds appropriately to potential complications.
  - B. Demonstrate the ability to apply advanced knowledge of normal and pathological surgical anatomy and physiology.
    - (1) Describes the assessment and management of acute trauma.
    - (2) Responds appropriately to emergency conditions.
  - C. Demonstrates Aseptic Skills:
    - (1) Monitors the actions immediately surrounding the sterile field ensuring that the integrity is maintained and/or corrected appropriately.
    - (2) Evaluates potential causes of surgical site infections, communicating concerns and possible corrective actions to prevent and/or treat potential contamination.

- D. Acquires continuing education annually to maintain current competence and credential regarding specific skills and techniques including aseptic technique. Bases decisions on research-based evidence.
- E. Participates in the education of allied health personnel including SA and ST students.

2. Preoperative Role:

- A. Demonstrates the ability to provide **preoperative** skills such as assessing patient information, history, preoperative tests (i.e. EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results, positioning and draping.
  - (1) Verifies patient identification, allergies, NPO status, procedure, surgical site, consent, history and physical on chart.
  - (2) Inspects skin integrity for signs of infection, compromised perfusion or other signs of potential risk.
  - (3) Ensures x-rays and applicable diagnostic exams are available for surgeon.
- B. Specifics regarding positioning the patient:
  - (1) Ensures placement of monitoring devices does not interfere with access or prep.
  - (2) Ensures position of the patient provides the necessary exposure for the procedure, as well as the surgeon preference.
  - (3) Demonstrates competency in all positioning techniques for the surgeries they are participating in. These competencies include, but are not limited to;
    - a. Prevention of nerve damage
    - b. Proper rotation of extremities
    - c. Prevention of circulatory or respiratory compromise.
    - d. Prevention of patient sliding on bed due to tilting or Trendelenburg.
    - e. Proper handling and placement of lines.
  - (4) Demonstrates safe stabilized placement on the appropriate bed/table, with the appropriate operation, set up, safety measures, and utilization of all necessary equipment, stabilizers, padding, wrapping and/or attachments.
  - (5) Maintains knowledge of new or upgraded positioning equipment, supplies and positioning techniques through continuing education.
- C. Specifics regarding surgical skin prep:
  - (1) Ensures safe placement of tourniquet, extremity padded correctly, safety precautions followed and the accuracy of the settings for tourniquet inflation.
  - (2) Ensures skin prep will provide the necessary exposure for the surgical procedure, any possible drain sites and/or possible extension(s) of the operative incision, as well as surgeon preference:
    - a. Facilitates clipping or trimming of hair in preop holding and only if necessary
    - b. Demonstrates ability to perform a surgical skin prep selecting the correct prep for the situation (i.e chlorhexidine gluconate/alcohol prep, iodine povacrylex/alcohol prep, chlorahexidine gluconate, povidone-iodine (iodopovidone), etc.) and preparing the appropriate surgical prep site necessary.

- c. Demonstrates insertion of foley catheter; prevents potential complications, as indicated.
  - B. Specifics regarding draping:
    - (1) Streamlines the establishment of the sterile field.
    - (2) Coordinates the draping procedure effectively correcting any breaks in aseptic technique.
    - (3) Supports double gloving/changing outer gloves after establishment of the sterile and periodically (every 90 minutes) during case.
    - (4) Secures lines and cords in a manner that prevents loss of integrity.
    - (5) Evaluates and incorporates products to ensure effective barriers are established and maintained that prevent contamination during the entire procedure.
3. Intraoperative Care:
  - A. Demonstrates the ability to provide **intraoperative** skills such as visualization, trocar insertion (i.e. ASA Trocar Guidelines), injection of local anesthetics (i.e. ASA Local Anesthesia Guidelines), hemostasis, tissue handling, placement and securing of wound drains, and closure of body planes.
  - B. Utilizes the OR equipment pertinent to the surgical procedure. All actions shall facilitate the progress of the surgery, as well as anticipate the preference(s) of the surgeon. This shall include, but not be limited to:
    - (1) Hemostatic equipment and supplies, including monopolar, bipolar, harmonic scalpel, ultrasonic, medications, sponges, etc. Includes appropriate safety precautions such as the placement of grounding pad, assists scrub and circulator with accuracy of counts when necessary, etc.
    - (2) Knowledge of and use of any and all laparoscopic and robotic equipment necessary for a procedure, such as: Camera, light cord, inserting/removing trocars, graspers, scoops, sprayers, suction/irrigation systems, clamps, tenaculums, etc.
    - (3) Knowledge of and use of any open procedure equipment necessary for procedures, including, tissue forceps, retractors, clamps, scissors, sponges, suction, irrigation, use of hemostatic agents, etc.
    - (4) Any further applicable instrumentation or actions deemed necessary by the surgeon.
  - C. The surgical assistant should be proficient in all pertinent abilities required during a procedure. These shall follow any necessary and appropriate methods applicable to the procedure, as well as surgeon preference. These shall include, but not be limited to;
    - (1) Clamping, cauterizing, suturing, inserting, injecting, manipulating, retracting, cutting, and ligating tissue as necessary
    - (2) Any necessary involvement in hemostasis, including but not limited to the utilization of ties, vessel loops, clip applicators, digital pressure, packing, appropriate manipulation of sutures, etc.
    - (3) Participation in volume replacement or autotransfusion techniques as necessary and appropriate.
    - (4) Any further applicable instrumentation or actions deemed necessary by the surgeon.
  - D. The surgical assistant should be capable of working independently, or co-dependently with the surgeon, to finalize the surgery, according to the surgeon preference. These actions shall include, but are not limited to;

- (1) Participates in quality improvement process that include standardized approaches, checklist interventions such as the Michigan Keystone Surgery Project regarding surgical site infection to improve patient care and Time Out procedures to improve patient safety.
  - (2) Initiates appropriate actions or instrumentation in collaboration with the surgeon.
  - (3) Utilizes appropriate suturing techniques, according to surgeon preference, with closure of body planes and utilizing proper manipulation of suture.
    - a. Using running, or interrupted suture techniques
    - b. Including absorbable and non-absorbable sutures, staples, adhesives, strips, etc.
  - (4) Demonstrates ability to administer local anesthetic, according to surgeon preference.
  - (5) Demonstrates ability to secure drainage systems
  - (6) Demonstrates ability to apply dressings, splints, casts and immobilizers/ stabilizers, according to surgeon preference.
  - (7) Evaluates the patient for any possible damage from positioning. This shall include a skin assessment. Any abnormal condition should be reported to the surgeon, and appropriate treatment be carried out according to surgeon instruction.
4. Postoperative Care.
- A. Demonstrates the ability to provide **postoperative** skills in patient care such as dressing application, patient transfer and transport, transfer of care, and monitoring for immediate complications.
  - B. Collaborates with others to provide continuity of care.

## References

*Core Curriculum for Surgical Assisting*. 3<sup>rd</sup> Edition. Association of Surgical Assistants. 2014.

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